



7,000,178 B2.

COFE

## TRANSMITTAL FORM

(to be used for all correspondence during pendency of filed application)

		Application Number	09/886,340
		Filing Date	January 19, 2001
		First Named Inventor	Jiyunji Uchida
		Group Art Unit Number	2178
		Examiner Name	Cong Lac T Huynh
Total Number of Pages in This Submission	6	Attorney Docket Number	20911-06141

ENCLOSURES (check all that apply)		Certificate
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed		<b>APR 06 2006</b> <b>of Correction</b> <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): <input type="checkbox"/> [ ] Sheet(s) of Figure(s) [ ] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Request for Certificate of Correction <hr/> <hr/>
<input checked="" type="checkbox"/> Return Receipt Postcard		
<input type="checkbox"/> Response to Notice to File Missing Parts		
<input type="checkbox"/> Assignment & Recordation Cover Sheet		
<input type="checkbox"/> Declaration		
<input type="checkbox"/> Power of Attorney		
<input type="checkbox"/> Application Data Sheet		
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References		
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<input type="checkbox"/> Amendment/Response: [ ] Page(s) <input type="checkbox"/> After Final		
<input type="checkbox"/> Status Request		
<input type="checkbox"/> Revocation and Substitute Power of Attorney		

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT		
Signature:	<i>A. C. Smith</i>	
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated: 3/30/06

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:	<i>A. C. Smith</i>	
Typed or Printed Name:	Albert C. Smith	Dated: 3/30/06
Express Mail Mailing Number (optional):		



# FEET TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$ 0)**

Attorney Docket No. **20911-06141**

*Complete if Known*

Application Number	09/886,340
Filing Date	January 9, 2001
First Named Inventor	Jiyunji Uchida
Examiner Name	Cong Lac T Huynh

Art Unit **2178**

Applicant claims small entity status. See 37 CFR 1.27

Attorney Docket No. **20911-06141**

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number **19-2555**

Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee	Fee	Fee	Fee Description	Fee Paid
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Code	Fee (\$)	Code	Fee (\$)	
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**SUBTOTAL (1)** **(\$ 0)**

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
<input type="checkbox"/>	-20**= <input type="checkbox"/>	<input type="checkbox"/>	= <input type="checkbox"/>
Independent Claims	<input type="checkbox"/>	-3**= <input type="checkbox"/>	<input type="checkbox"/>
Multiple Dependent		<input type="checkbox"/>	= <input type="checkbox"/>

Large Entity	Small Entity	Fee Description
Fee	Fee	Fee Description
Code (\$)	Code (\$)	

1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim, if not paid
1204 200	2204 100	**Reissue independent claims over original patent
1205 50	2205 25	**Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** **(\$ 0)**

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
1051	130	2051	65 Surcharge - late filing fee or oath or declaration
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for ex parte reexamination
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
1251	120	2251	60 Extension for reply within first month
1252	450	2252	225 Extension for reply within second month
1253	1020	2253	510 Extension for reply within third month
1254	1,590	2254	795 Extension for reply within fourth month
1255	2,160	2255	1,080 Extension for reply within fifth month
1401	500	2401	250 Notice of Appeal
1402	500	2402	250 Filing a brief in support of an appeal
1403	1000	2403	500 Request for oral hearing
1451	1,510	1451	1,510 Petition to institute a public use proceeding
1452	500	2452	250 Petition to revive - unavoidable
1453	1,500	2453	750 Petition to revive - unintentional
1501	1,400	2501	700 Utility issue fee (or reissue)
1502	800	2502	400 Design issue fee
1503	1100	2503	550 Plant issue fee
1460	—	1460	— Petitions to the Director
1807	50	1807	50 Processing fee for Provisional Applications
1806	180	1806	180 Submission of Information Disclosure Stmt
8021	40	8021	40 Recording each patent assignment per property (times number of properties)
1809	790	2809	395 Filing a submission after final rejection (37 CFR 1.129(a))
1810	790	2810	395 For each additional invention to be examined (37 CFR 1.129(b))
1801	790	2801	395 Request for Continued Examination (RCE)
1802	900	1802	900 Request for expedited examination of a design application
Other fee (specify) <u>Request for Certificate of Correction</u>			

**SUBTOTAL (3)** **(\$ 0)**

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type) **Albert C. Smith**

Registration No.  
(Attorney/Agent)

**20,355**

Complete (if applicable)

Telephone **650.335.7296**

Signature

*A. C. Smith*

Date

*3/30/06*

APR 07 2006

20911/06141/DOCS/1610581.1

**DUPLICATE**
**FEETRANSMITTAL**  
**for FY 2006**

Patent fees are subject to annual revision.

APR 03 2006

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** **(\$ 0)**

Complete if Known	
Application Number	09/886,340
Filing Date	January 9, 2001
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Examiner Name	Cong Lac T Huynh
Art Unit	2178
Attorney Docket No.	20911-06141

**METHOD OF PAYMENT** (check all that apply)
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Deposit Account Number **19-2555**Deposit Account Name **Fenwick & West LLP**

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- Credit any overpayments
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- Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
- 
- 
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**FEETRANSMITTAL****1. BASIC FILING FEE**Large Entity **Small Entity**

Fee	Fee	Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)	<input type="checkbox"/>
				<input type="checkbox"/>

**SUBTOTAL (1)** **(\$ 0)****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims	Fee from below	Fee Paid
Total Claims	<input type="checkbox"/>	-20** = <input type="checkbox"/>	X <input type="checkbox"/>	= <input type="checkbox"/>
Independent Claims	<input type="checkbox"/>	-3** = <input type="checkbox"/>	X <input type="checkbox"/>	= <input type="checkbox"/>
Multiple Dependent			<input type="checkbox"/>	= <input type="checkbox"/>

Large Entity	Small Entity	Fee Description	
Fee	Fee	Fee Description	
Code	(\$)	Code	(\$)

1202 50 2202 25 Claims in excess of 20

1201 200 2201 100 Independent claims in excess of 3

1203 360 2203 180 Multiple dependent claim, if not paid

1204 200 2204 100 \*\*Reissue independent claims over original patent

1205 50 2205 25 \*\*Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** **(\$ 0)**

\*\*or number previously paid, if greater; For Reissues, see above

**3. ADDITIONAL FEES**

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1802	900	1802	900 Request for expedited examination of a design application
Other fee (specify) <u>Request for Certificate of Correction</u>			

**SUBTOTAL (3)** **(\$ 0)**

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Albert C. Smith	Registration No. (Attorney/Agent)	20,355	Telephone 650.335.7296
Signature	<i>A. C. Smith</i>			Date <b>3/30/06</b>

APR 07 2006

20911/06141/DOCS/1610581.1



IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

APPLICANT(S) Jiyunji Uchida, et al.  
PATENT NO.: 7,000,178 B2  
ISSUE DATE: February 14, 2006  
SERIAL NO.: 09/886,340  
FILING DATE: January 19, 2001  
TITLE: Electronic Document Classification System.  
ATTY. DKT. NO.: 20911-06141

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: 3/30/06 By: A.C. Smith  
Albert C. Smith, Reg. No.: 20,355

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

ATTENTION: DECISION AND CERTIFICATE OF CORRECTION  
BRANCH OF THE PATENT ISSUE DIVISION

**REQUEST FOR CERTIFICATE OF CORRECTION**

Sirs:

The following errors, as more fully described below, appear in this patent.

The Applicant submits that no fee is due for correction of the errors made by the Patent and Trademark Office; OR

The errors occurred in good faith. Correction thereof does not involve such changes in the patent as would constitute new matter or would require re-examination. A Certificate of Correction is requested. Enclosed herewith is payment in the amount of \$100.00 to cover the fee for this Certificate of Correction.

Attached hereto are duplicate Forms PTO-1050, with at least one copy that is suitable for printing.

Applicant kindly requests the following changes:

Inventors: Please delete "Unchida" and replace with --Uchida--.  
Column 14, line 28, after the word --request--, please delete "a".

Please send the Certificate to:  
ALBERT C. SMITH  
Fenwick & West LLP  
Silicon Valley Center  
801 California Street  
Mountain View, CA 94041

Respectfully submitted,  
Jiyunji Uchida, et al.

Dated: 3/30/06

By: A.C. Smith  
Albert C. Smith, Reg. No.: 20,355  
Fenwick & West, LLP  
801 California Street  
Mountain View, CA 94041  
Tel.: (650) 335-7296  
Fax.: (650) 938-5200

UNITED STATES PATENT AND TRADEMARK OFFICE  
**CERTIFICATE OF CORRECTION**

PATENT NO. : 7,000,178 *B2*

DATED : April 14, 2006

INVENTOR(S) : Jiyunji Uchida, Yoshimobu Hara

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Inventors: Please delete "Unchida" and replace with --Uchida--.

Column 14, line 28, after the word --request--, please delete "a".

MAILING ADDRESS OF SENDER:

Albert C. Smith  
Fenwick & West LLP  
801 California Street  
Mountain View, CA 94043

PATENT NO. 7,000,178

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